Health Care That Works For All Americans

Executive Summary

Citizens' Health Care Working Group

HEALTH CARE
THAT WORKS FOR ALL
AMERICANS

Executive Summary

Americans want a health care system that works for everyone. But the reality is that the health care system that captures vast amounts of America's resources, employs many of its talented citizens, and promises to both promote health as well as relieve the burdens of illness is failing far too many of us.

Over the past year, the number of uninsured has grown by more than one million, and tens of millions more are underinsured, and at immediate risk of financial ruin if they are seriously ill or injured. Individuals, families, employers, and every level of government are feeling the financial pressure of rising health care costs. More often than not, people do not receive the best care that science has to offer. Many are bewildered by the complexity of health care and insurance coverage. As one citizen voiced to us, you cannot "*navigate the health care system without luck, a relationship, money and perseverance.*"

The need for change is clear, but transforming health care so that it works for all Americans is a daunting prospect. It will involve difficult decisions about how health care is organized, delivered, and financed. Years of stalemate on health reform prompted a bipartisan call to go back to the American people, to explore their values and aspirations for the health care system, and to provide the energy needed to sustain real health reform.

The Citizens' Health Care Working Group was established by Congress to "*engage in an informed national public debate to make choices about the services they want covered, what health care coverage they want, and how they are willing to pay for coverage*."

What we heard was that many Americans believe that public policy designed to address the growing crisis in health care cannot succeed unless all Americans are able to get the health care they need, when they need it.

Public Dialogue

Following six regional hearings held in 2005 with experts, stakeholders, scholars, and public officials, the Working Group issued *The Health Report to the American People*, a report intended to facilitate a national dialogue on health care reform. In addition, the Working Group made the presentations from its hearings available to the public via the Internet, at www.CitizensHealthCare.gov.

The Working Group then began its conversations in communities all across America. This required an extraordinary effort to reach out to diverse communities representing a full spectrum of the American public. This also included a review and analysis of policy and research literature, national polls and surveys, and special analyses of health data; live one-on-one conversations and community meetings; expert research; and mass

communications through the Internet and press. Over nearly eighteen months, the Working Group engaged thousands of Americans, including:

- About 6,650 people attending 84 community meetings across the nation as well as meetings organized by individual Working Group Members and other organizations by the end of May, 2006, and input from over 700 people attending 14 meetings after the Interim Recommendations were published on June 2nd (Tabs 1 and 2).
- Over 14,000 responses to the Working Group Internet poll; and another 6,000 sets of responses to open-ended questions about health care in America
- Over 500 descriptions of experiences with the health care system submitted via the Internet or on paper, and about 400 email letters, handwritten notes, letters, essays, and copies of reports that people sent to the Working Group.
- About 7,300 individual email and written comments on the Working Group's Interim Recommendations

The Working Group recognized that many people attending the meetings or providing input in writing are apt to be especially interested in health care. Because of this, the Working Group held a variety of special topic meetings, some in collaboration with partner organizations, and also worked with a range of organizations to encourage their members to complete the Working Group poll or to write in comments. Among these were meetings organized by, or with the help of, groups including local Chambers of Commerce, The National Association of Realtors, The Consolidated Tribal Health Council, a consortium of Big Ten Universities, local chapters of the League of Women Voters, professional nursing associations, organizations serving homeless persons, unemployed persons, people with disabilities, and elderly persons. Several national corporations and national labor unions encouraged members to attend meetings and provide input via the Internet, and both the Catholic Health Association and the United Church of Christ were particularly active in eliciting input to the Working Group.

The remarkable consistency of findings across many communities and between the poll data obtained through the Working Group Internet site, the University Town Hall Survey, and the community meetings provides support for the view that was heard from a significant segment of the American people. The consistency with findings from recent national polls and surveys provides even stronger support for the findings. We do not claim that we know, with complete certainty, the health care values and preferences of all Americans. Rather, we based our deliberations on a careful assessment of input from as many sources as feasible, including tens of thousands of people from all across the United States, taking into account the gaps or biases that may be reflected in the data.

What We Heard

In every venue, we heard from Americans who are deeply concerned about access to health care, and the rising costs of care and insurance. While Americans recognize that health care costs are a major problem for businesses, industry, and government as well as families, many believe that the tremendous amount of resources now being spent on health care should be enough to ensure access to quality care for everyone, if these resources were allocated more efficiently. At the same time, people consistently emphasized the importance of shared responsibility and fairness – a clear willingness to pay a fair share, to try to do a better job of taking care of themselves, and to accept limits on coverage if based on good medical evidence. Many believe that health coverage should be comprehensive enough to ensure people can get the care they need, when they need it, without having to negotiate or hurdle complicated administrative barriers. They told us they want health care to be available where people need it, in their communities. Finally, people told us that they want interactions with health providers to be based on mutual trust and respect.

The Working Group heard a variety of preferences regarding how a national system of health care should be organized -- from support for an entirely federal system with no private health insurance at all, to state-based single payer systems, to private sector participation in a system with established standards for benefits, coverage, and cost with minimum government involvement in day-to-day operations, to entirely free-market approaches. There was, however, overwhelming support for a plan that covered all Americans. In addition, there was considerable discussion at many meetings about interim reforms that could increase coverage until comprehensive changes could be made. Opinions about incremental reforms were sharply divided, and varied considerably from community to community. The overriding message, however, was consistent across every venue we explored:

> ***Americans should have a health care system where everyone participates, regardless of their financial resources or health status, with benefits that are sufficiently comprehensive to ensure access to appropriate, high-quality care without endangering individual or family financial security.***

People also conveyed a sense of urgency and wanted changes to start immediately.

A list of the major findings from *The Dialogue with the American People* is included under Tab 3.

Values and Principles

In developing recommendations, the Citizens' Health Care Working Group believes that reform of the health care system should be guided by principles that reflect the values of the American people:

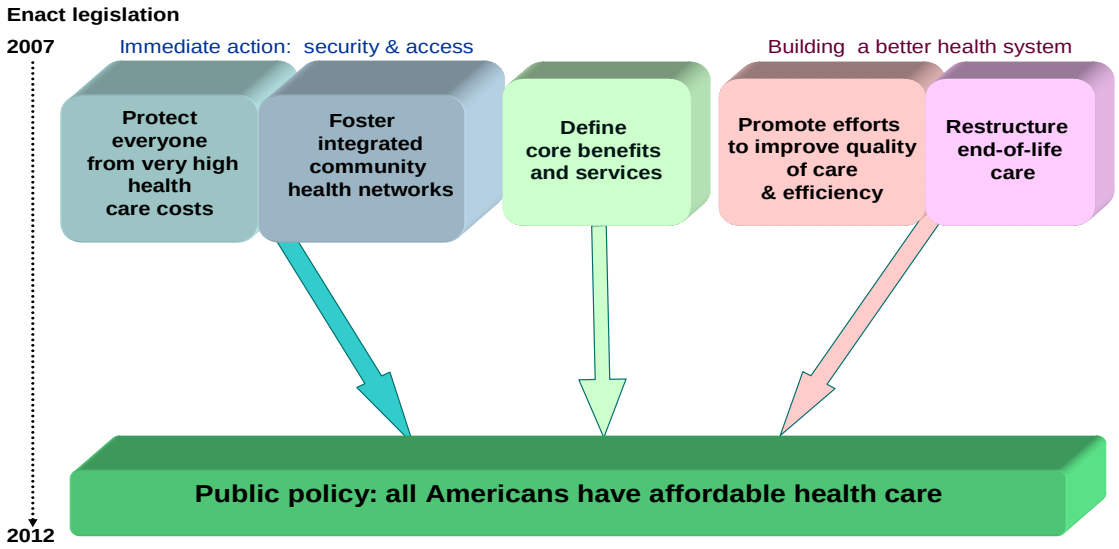
- **Health and health care are fundamental to the well-being and security of the American people.**
- **Health care is a shared social responsibility. This is defined as, on the one hand, the nation or community's responsibility for the health and security of its people, and on the other hand, the individual's responsibility to be a good steward of health care resources.**
- **All Americans should have access to a set of core health care services across the continuum of care that includes wellness and preventive services. This defined set of benefits should be guaranteed for all, across their lifespan, in a simple and seamless manner. These benefits should be portable and independent of health status, working status, age, income or other categorical factors that might otherwise affect health-insurance status.**
- **Health care spending needs to be considered in the context of other societal needs and responsibilities. Because resources for health care spending are not unlimited, the efficient use of public and private resources is critical.**

Recommendations

Based on these values and principles, the Working Group proposes six recommendations – organized into three sets – to accomplish its central goal, stated in Recommendation 1: **Establish public policy that all Americans have affordable health care**.

A clear majority of participants in community meetings, as well as those who responded to a variety of national polls conducted over the past few years, are in favor of a national system that provides universal coverage. However, "universal coverage" means different things to different people. The values and preferences being expressed did not lead the Working Group to conclude that there was only one particular model for ensuring that all Americans have access to high quality health care. Several approaches need to be analyzed and debated.

What is clear is that all Americans want a health care system that is easy to navigate. They want to have stable coverage when circumstances change, such as when they change jobs, get married, or move to different state. People want decisions about what is and what is not covered to be made in a participatory process that is transparent and accountable. It should draw on best practices, resulting in a clearly defined set of benefits guaranteed for all Americans. The overwhelming majority of Americans that the Working Group heard from also want health care system change to begin now. The Working Group is therefore recommending immediate action with a target of 2012 for ensuring a core set of benefits and services for all Americans.



The complete text of the Working Group's recommendations is included under Tab 4.

ONE: Immediate action to improve security and access

Recommendation 2 calls for creating a program that could be implemented in the relatively short term that would provide a basic level of financial protection to everyone: **Guarantee financial protection against very high health care costs.**

The program the Working Group is recommending would provide some level of immediate protection for everyone, and also has the potential to stabilize existing employer-based health insurance markets and expand the private individual and small group health insurance market to more Americans. More important, it will provide the foundation for providing core benefits and services to all Americans called for in Recommendation 1. This program could be structured in a number of ways, using market- based or public social insurance models.

Recommendation 3 addresses serious concerns we heard across the country related to a lack of primary-care providers; the inability to access specialty care; and, difficulties in navigating a complicated system, especially for those with chronic conditions: **Foster innovative integrated community health networks.**

Citizens in multiple locations spoke highly of the continuity of care and easy access to needed services they receive from comprehensive delivery systems. The goal is to help communities build programs where health care providers at the local level work together to ensure that more people can have a "medical home" and access to primary care, mental health, and dental health care, and improve the effectiveness and efficiency of health care delivery.

TWO: Define Core Benefits and Services for All Americans

Perhaps the most challenging component of the Working Group's strategy is Recommendation 4: **Defining the core benefits and services that will be assured to all Americans**.

The conversations in each and every community meeting demonstrated how difficult the task of defining basic health care coverage will be for policymakers. Many people expressed concerns about what they view as the arbitrary exclusion of benefits or services from coverage. As was the case in many deliberations, the public was aware of the political challenges involved in making such decisions and the virtues of independent commissions in helping policymakers with such choices.

To define core benefits and services for all Americans, the best methods must be applied in a transparent process. Consumer participation is critical to ensuring public trust in the process and essential for ensuring that personal values and preferences are taken into consideration in coverage decisions. The group making decisions should be established as a public/private entity to insulate it from both political and financial influence. The group should be an ongoing entity with stable funding, to guarantee its independence and to assure that the benefits continue to reflect advances in medical research and practice. Evidence used to make decisions about coverage can contribute to improvements in the overall efficiency of health care delivery and help patients and providers make informed decisions. Identifying core benefits can help make all health care more effective and efficient, helping to control health care costs overall.

THREE: Build a Better Health System

A message that resonated throughout the public discourse centered on how America could do a better job with its $2 trillion a year spending on health by achieving greater efficiency and improving quality.

Recommendation 5 reflects the urgency of creating the tools and infrastructure to support a more efficient and effective health care system: **Promote efforts to improve quality of care and efficiency.**

Concerted efforts in some integrated health care systems have demonstrated how care can be improved and waste largely eliminated. Continuous improvement methods have reduced costs by managing chronic conditions, providing tools for informed decision-making, reducing preventable care-associated patient injuries, and designing coordinated

systems of care delivery that reduce hassle and the need to redo tests and procedures. However, continuous improvement efforts rest on fundamental changes in medical practice and culture – a difficult, long-term, proposition. Widespread improvement will require a much better understanding of how to "do it better" (investment in health care delivery research), restructured training programs, significant organizational restructuring, and investment in aligned health information technologies and systems.

The federal government is a dominant purchaser of health care. It also plays a significant role in the research and evaluation of the delivery of health care services. It is well positioned to provide leadership in these areas. A variety of federal programs could be used for development, demonstration, and dissemination. Federal health programs run the full range of design possibilities, making them particularly useful for the "beta testing" of new ideas. Recommendation 5 focuses on advancing the pace of the work that needs to be done to build a health care system that works better for everyone.

Recommendation 6 focuses on an especially difficult, often expensive aspect of health care that, in many ways, reveals some of the most serious problems with our health care system: **End-of-life care should be fundamentally restructured so that people of all ages have increased access to these services in the environment they choose.**

Many end-of-life issues are intertwined with effectiveness, quality of care, clinical decision-making, and patient education addressed in Recommendation 5. The concerned and thoughtful attention to end-of-life issues that emerged through its public dialogue made clear to the Working Group that change is needed.

Currently, the policy development is hampered by a lack of useful information about patients' needs and use of services. The development and use of standardized instruments for collecting demographic, epidemiological, and clinical information, careful evaluation of emerging care models, and the dissemination of best practices are all needed to improve care for the dying. The Working Group acknowledges that end-of-life issues are often difficult, painful, and complicated and thus not conducive to quick or easy fixes This recommendation seeks to better define, communicate, and make available at individual, family, community, and societal levels the support needed and wanted in one's last days.

Public and private payers should integrate evidence-based science, expert consensus, and linguistically appropriate and culturally sensitive end-of-life care models so that health services and community-based care can better handle the clinical realities and actual needs of patients of any age and their families.

Concluding Remarks

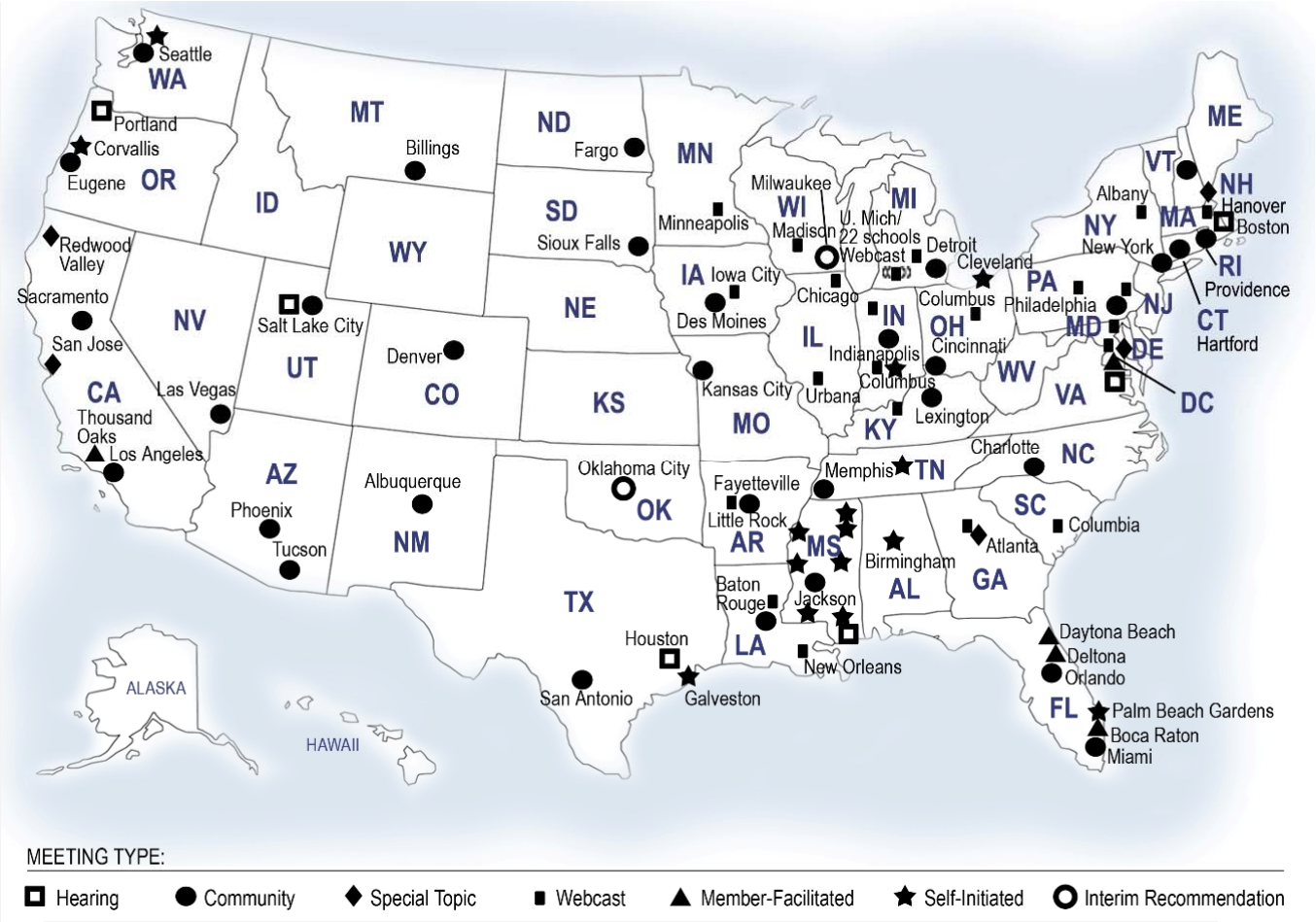
Adopting these strategies simultaneously enables the American health care delivery and financing systems to take several important steps toward universality. It sets in motion a plan that responds to overwhelming public support for a new dynamic in American health care where everyone is protected, not just select portions of the population.

In the recommendations that follow, the Working Group acknowledges that while improvements in health care organization and delivery can yield savings over time, implementing these recommendations will likely require new resources. It has identified principles that any new funding source should meet and offers examples of options already part of the policy debate that meet these criteria.

More detailed information, including background on the state of health care in America, analysis from the community meetings, comments and opinions provided to the Working Group, and relevant data from national polls and surveys, is provided in *Health Care That Works for All Americans: Dialogue With the American People* and *Report to the American People (Revised 2006).*

TAB 1

Locations of Community Meetings Across the United States



TAB 2

Citizens' Health Care Working Group Meetings

Working Group Community Meetings

Kansas City, MO	January 17, 2006
Orlando, FL	January 24, 2006
Baton Rouge, LA	January 26, 2006
Memphis, TN	February 11, 2006
Charlotte, NC	February 18, 2006
Jackson, MS	February 22, 2006
Seattle, WA	February 25, 2006
Denver, CO	February 27, 2006
Los Angeles, CA	March 4, 2006
Providence, RI	March 6, 2006
Miami, FL	March 9, 2006
Indianapolis, IN	March 11, 2006
Detroit, MI	March 18, 2006
Albuquerque, NM	March 20, 2006
Phoenix, AZ	March 25, 2006
Hartford, CT	April 6, 2006
Des Moines, IA	April 8, 2006
Philadelphia, PA	April 10, 2006
Las Vegas, NV	April 11, 2006
Eugene, OR	April 18, 2006
Sacramento, CA	April 19, 2006
San Antonio, TX	April 19, 2006
Billings, MT	April 21, 2006
Fargo, ND	April 22, 2006
New York, NY	April 22, 2006
Lexington, KY	April 25, 2006
Cincinnati, OH	April 29, 2006
Little Rock, AR	April 29, 2006
Tucson, AZ	May 4, 2006
Sioux Falls, SD	May 6, 2006
Salt Lake City, UT	May 6, 2006

University Town Hall Survey, March 22, 2006

Participating Institutions#

Boston University	Boston, MA
Drexel University	Philadelphia, PA
Emory University	Atlanta, GA
George Washington University	Washington, DC
Indiana University	Indianapolis, IN
Johns Hopkins University	Baltimore, MD
Louisiana State University	Baton Rouge, LA
Michigan State University	East Lansing, MI
Northwestern University	Evanston, IL
Ohio State University	Columbus, OH
Penn State University	Harrisburg, PA
Purdue University	West Lafayette, IN
Tulane University	New Orleans, LA
University at Albany	Albany, NY
University of Arkansas	Fayetteville, AR
University of Illinois	Urbana, IL
University of Iowa	Iowa City, IA
University of Louisville	Louisville, KY
University of Michigan (Host)	***Ann Arbor, MI***
University of Minnesota	Minneapolis, MN
University of South Carolina	Columbia, SC
University of Wisconsin	Madison, WI

Not all meetings took place at main campuses.

Special Topic Community Meetings

Hanover, NH	Last Days	March 31, 2006
Redwood Valley, CA	Native Americans	April 20, 2006
Washington, DC	National Association of Realtors	May 16, 2006
Atlanta, GA	Mental Health	May 22, 2006

Meetings Organized/Facilitated by Individual Members

Washington, DC	Ascension Health CEOs	December 5, 2005
Daytona Beach, FL	Bethune-Cookman College	March 26, 2006
Deltona, FL	Florida CHAIN (Community Health Action Information Network) and MS-keteers Multiple Sclerosis Support Group	May 6, 2006
Palm Beach Gardens, FL	Area Agency on Aging	May 10, 2006
Boca Raton, FL	Area Agency on Aging	May 11, 2006
Lake Worth, FL	Area Agency on Aging	May 12, 2006
Thousand Oaks, CA	City of Thousand Oaks Conejo Recreation and Park District	May 18, 2006
Miami, FL	The Alliance for Human Services, The Human Services Coalition, Florida CHAIN, Miami-Dade County Health Department, Health Foundation of South Florida	August 22, 2006

Self-Initiated Meetings

Crossville, TN	The Learning Community	January-March, 2006
Galena, IL	League of Women Voters	February 23, 2006
Starkville, MS	MSU Extension	March 21, 2006*
Verona, MS	MSU Extension	March 27, 2006*
Wesson, MS	MSU Extension	March 29, 2006*
Hattiesburg, MS	MSU Extension	March 30, 2006*
Clarksdale, MS	MSU Extension	April 11, 2006*
Palm Beach Gardens, FL	Human Resource Association of Palm Beach County	April 11, 2006
Greenville, MS	MSU Extension	April 18, 2006*
Newton, MS	MSU Extension	April 20, 2006*
Cloverdale, CA	United Church of Cloverdale	April 23, 2006
Eau Claire, WI	Chippewa Valley Technical College	April 29, 2006
Seattle, WA	Association of Advanced Practice Psychiatric Nursing	April 29, 2006
Alpena, MI	League of Women Voters	May 1, 2006
Galveston, TX	Center to Eliminate Health Disparities, University of Texas Medical Branch	May 1-3, 2006
Boulder, CO	Individuals	May 3, 2006
McKeesport, PA	Mon Valley Unemployed Committee	May 11, 2006
Muncie, IN	BMH Foundation and Partners for Community Impact	June 2, 2006
Birmingham, AL	Greater Birmingham PDA/DFA, UFCW Local 1657	June 22, 2006
Corvallis, OR	Mid Valley Health Care Advocates	July 20, 2006
Birmingham, AL	Birmingham Friends Meeting	July 16, 2006
Jackson, MS	MSU Extension	August 22, 2006*
Hattiesburg, MS	MSU Extension	August 23, 2006*
Greenville, MS	MSU Extension	August 24, 2006*
Cleveland, OH	North East Ohio Voices for Health Care	August 24, 2006
Columbus, IN	Columbus Regional Hospital Foundation	August 29, 2006 (2)

* Held under the auspices of the Mississippi State University Extension Service.

Community Meetings on Interim Recommendations

San Jose, CA eBay/PayPal	July 20, 2006
Oklahoma City, OK	August 1, 2006
Milwaukee, WI	August 12, 2006

TAB 3

Summary of Citizens' Health Care Working Group Findings

The following common themes emerged from the community meetings and other sources of information collected from the American public by the Working Group:

Values

- Underlying the discussion of the four legislative questions is the belief by virtually everyone in attendance at each community meeting that the health care system has at least some serious problems.
- Over 90 percent of participants at community meetings and respondents to the Working Group's poll believed that it should be public policy that all Americans have affordable coverage.

I. What health care benefits and services should be provided?

- A clear majority of participants preferred that *all* Americans receive health care coverage for a defined level of services.
- People at the community meetings frequently expressed strong support for increased focus on wellness and prevention services as part of "basic" coverage, rather than focusing only on treating sickness.
- Participants at meetings continually emphasized the importance of a strong education component in health care and the management of health.
- Individuals voiced support for a fairly comprehensive basic benefit design.
- Although many participants recognized the need to do more to ensure that the health care provided is appropriate and delivered efficiently, they were also concerned about arbitrary limits on coverage and were not comfortable with bare-bones benefit packages.
- Despite the reluctance of many to limit benefits, participants at meetings supported limiting coverage to services that have proven medical effectiveness.
- Participants expressed some level of support for the idea that some people could pay for additional services outside the basic benefit package.
- People wanted consumers to play an important role in deciding what should go into a basic benefit package.
- Participants in some meeting sites discussed a potential role for a local board or other quasi-governmental entity in defining the basic level of services.
- Participants expressed the desire to be involved in the management of their own health care and were willing to accept some responsibility for their medical decision-making.

II. How does the American public want health care delivered?

- At the community meetings, individuals asked for a delivery system that is secure, transparent, easy to navigate, and treats the "whole person."
- Affordability of care is a primary concern among participants.
- Participants were troubled that many people did not have access to the health care they need.
- Many participants cited complexity of the system as a contributing factor to the problems with the health care system.
- Linked to confusion about the health care system was the lack of useful information to help individuals navigate the health care system.
- Participants mentioned that they or others were not always treated with respect or dignity.
- Participants frequently cited barriers to care related to their insurance coverage.
- Participants told the Working Group that they want to feel secure knowing that when they or their families need care, they can get it without becoming impoverished.
- Participants wanted all Americans to be able to get the right health care, at the right time, in a respectful manner.
- Participants noted that being able to choose and maintain a stable, long-term relationship with a personal health care provider was critical.

III. How should health care coverage be financed?

- Although the results differed across meeting sites, a majority of participants (ranging from 55 percent to 88 percent in the community meetings) believed that everyone should be required to enroll in either private or public "basic" health care coverage.

- In almost every community meeting, a majority of participants supported the notion that some individuals should be responsible for paying more for health care than others. The most commonly mentioned criterion for paying more was income, but varying payment by income was supported by the majority of participants in fewer than half of the meetings where this question was discussed.
- Views about employer-based coverage did not generally reflect a deep distrust of employers, but instead were intertwined with broader concepts of health reform.
- At most meetings, participants stressed the importance of preventive care to reduce health care costs.
- Participants at most meetings believed that individuals have a responsibility to manage their own care and use of services.
- In many meetings, participants mentioned that individuals have a social responsibility to pay a fair share for health care.
- Participants frequently stated that the problems of high costs rest with "price setters"—namely, prescription drug companies, insurers, and for-profit providers.
- A commonly expressed view was that a simpler system would result in lower administrative costs.
- Some support exists for investment by providers and the private sector in health information technology to increase system efficiency.
- Participants expressed general support for individuals' playing their part in controlling utilization and costs.
- Individuals would like information about how to use health care better and more effectively.
- At some meetings, participants supported providing incentives to patients to engage in healthy behaviors.
- Participants expressed preferences for using medical evidence to decide which services are covered and provided.
- There was general support for controlling prescription drug costs by limiting direct-to-consumer advertising of prescription drugs and using more generic drugs, when medically appropriate.
- Support also existed for limiting expensive yet "futile" end-of-life care and instead providing palliative care.
- In almost all community meetings, participants expressed the belief that changing the culture from sick care to well care—namely, by focusing on prevention, wellness, and education (in general, and health education in particular)—will reduce health care costs.
- A commonly expressed view was that better use of advanced practice nurses and other non-physicians could save money and improve quality.
- Participants believed that investing in public health would pay dividends in terms of reducing health care costs.
- Support for limits on malpractice was expressed at some community meetings.

TAB 4: Citizens' Health Care Working Group Recommendations

1. Establish Public Policy that All Americans Have Affordable Health Care.

- Americans should have a health care system in which everyone participates, regardless of their financial resources or health status, with benefits that are sufficiently comprehensive to provide access to appropriate, high-quality care without endangering individual or family financial security.
- This public policy should be established immediately and implemented by 2012.

2. Guarantee Financial Protection Against Very High Health Care Costs.

No one in America should be impoverished by health care costs. A national public or private program must be established to ensure:

- Participation by all Americans
- Protection against very high out-of-pocket medical costs for everyone
- Financial assistance to pay for this coverage to families and individuals based on ability to pay

3. Foster Innovative Integrated Community Health Networks

- The federal government will provide leadership and financing for a national initiative to develop and expand integrated public/private community networks of health care providers. This recommendation should be accomplished through the following actions:
- Focus first on people and localities where improved access to high quality care is most needed. These networks would offer local residents – including, but not limited to, low-income and uninsured individuals and people living in rural and underserved areas – a source of coordinated health care.
- Identify governmental agencies at the national, state and local levels to coordinate private and public funding sources currently dedicated to helping provide care to the underserved by supplying the necessary information and leadership.
- Establish a public/private group or not-for-profit entity at the national level responsible for advising the federal government on the community health care network's performance, funding streams, best practices and research.
- Expand and modify the Federally Qualified Health Center concept to accommodate other community-based health centers and practices serving vulnerable populations with special emphasis on families and prevention.

4. Define Core Benefits and Services for All Americans

Establish a non-partisan public/private group to define America's core benefits and services and update them on an ongoing basis

- Members will be appointed through a process defined in law that includes citizens who represent a broad spectrum of the population, including, but not limited to, patients, providers and payers.
- The group will be staffed by experts.
- Identification of core benefits and services will be made through an independent, fair, transparent, and scientific process.

Within economic constraints and guided by evidence-based science and expert consensus regarding the medical effectiveness of treatments, the group will define the core benefits and services based on the following principles:

- Core health services will cover the continuum of care throughout the individual's lifespan.

- Health care encompasses wellness, preventive services, primary care, acute care, prescription drugs, patient education, and the treatment and management of health problems provided across a full range of inpatient and outpatient settings.
- Health is defined to include physical, mental, and dental health.
- Over time, this entity would appropriately take into consideration advances in clinical science

5. Promote Efforts to Improve Quality of Care and Efficiency
The federal government will expand and accelerate its use of public programs for advancing strategies that improve quality and efficiency across the health care system.

Using federally funded health care programs, the federal government will promote:

- Integrated health care systems built around evidence-based best practices
- Health information technologies and electronic health record systems
- Elimination of fraud and waste in administration and clinical practices
- Widespread availability of consumer-friendly information about health care services, including transparency on prices, cost-sharing, quality, efficiency, and benefits
- Increased focus on health education, disease prevention and health promotion, patient-provider communication, and patient-centered care
- Biomedical research aimed at improved quality and efficiency

6. End-of-life care should be fundamentally restructured so that people of all ages have increased access to these services in the environment they choose.

End-of-life care should be fundamentally restructured so that people of all ages have increased access to these services in the environment they choose.

- Public and private payers should integrate evidence-based science, expert consensus, linguistically appropriate and culturally sensitive end-of-life care models so that health services and community-based care can better handle the clinical realities and actual needs of patients of any age and their families.
- Public and private programs should develop and support training for health care professionals that emphasizes proactive, individualized care planning and clear communication between providers, patients and their families.
- At the community level, funding should be made available for support services, including non-medical services, to assist individuals and families in accessing the kind of care they want for the last days of their lives.

Working Group Members

Mission

The Citizens' Health Care Working Group is comprised of 14 citizens from diverse backgrounds who were selected to represent an informed cross-section of the American people, in addition to the Secretary of Health and Human Services. The Working Group was authorized by the Medicare Prescription Drug, Improvement and Modernization Act of 2003, to develop recommendations for the President and Congress that will result in "*Health Care that Works for All Americans*."

The nonpartisan group was tasked with engaging the public in a nationwide discussion of options to address the current crisis in health care and improve the health care system in the United States. By listening to citizens from communities across the country, the Working Group has developed recommendations to transform the nation's health care system while addressing runaway costs, unaffordable care, and unreliable quality.

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* As Secretary of Health and Human Services, Michael Leavitt serves as the 15th member of the Working Group by law. Secretary Leavitt has neither participated in the development of the Working Group's recommendations nor has he endorsed them. When referred to HHS for review, he will carefully consider them and take appropriate action.

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